IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	A. Christian Tahan	Examiner:	Robert W. Morgan
Application No:	09/784,751	Art Unit:	3626
Filing Date:	02/15/2001		
Title:	METHOD OF USING A GLOBAL SERVER FOR PROVIDING PATIENT MEDICAL HISTORIES TO ASSIST IN THE DELIVERY OF EMERGENCY MEDICAL SERVICES		
Atty. Docket:	XWRLD-102		

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner of Patents & Trademarks, U. S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450 on May 18, 2006.

By: _____
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RULE 131 DECLARATION

Commissioner of Patents & Trademarks
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

Now comes A. Christian Tahan and deposes and says:

1. That I am the inventor of the invention described in the patent application entitled "Method Using a Global Server For Providing Patient Medical Histories To Assist In the Delivery Of Emergency Medical Services," U.S. Patent Application No. 09/784,751, filed February 15, 2001.

2. That I am aware of a patent issued to Roy Schoenberg, U.S. Patent 6,463,417 cited against my case, having issued on October 8, 2002 and having an effective filing date of February 22, 2000.

3. That as evidenced in Appendix A, I had the concept of the claimed invention prior to February 22, 2000, namely that I had the concept of a system for assisting in the rapid and secure delivery of medical information directly to the site at which emergency assistance is being performed and which is remote from any hospital or emergency room, and for uploading information from the remote emergency assistance site relative to the condition of the patient at the remote emergency assistance site.

4. That in this record of invention in Appendix A it is said in response to the fact that physicians would have to call around the world for records from hospital to hospital:

> "I do not know why they could not have computers or networks around the world so that no matter the location, the record could be seen by a person needing it. Even the ambulance people or the emergency people at the scene, like firemen or other EMTs, could look at a record to understand what was wrong with the person. They could use a portable or personal computer. Each emergency person at the scene could have a personal computer that could scan an ID that the sufferer or injured party carried or wears. It could be like a bar code and the personal portable computer could scan it, which would allow for receipt of the medical record to the emergency scene to be seen on the portable computer. And the emergency personnel could put in how the person is being treated, to be saved immediately as part of the record so that whomever, as hospital people, could look at the record that is an immediate account of the patient from their past medical history to their present treatment. So, if the emergency people walkie-talkied in or if the hospital people walkie-talkied the ambulance, they could talk about the record and the patient. And the record would be available as soon as the patient arrived so that no delays occurred related to finding the record. The updating of the record could happen from any location, even in the hospital, so that the records can be seen from the network on the personal computer and the records with the new information can be saved to the network."

5. That the fact that the invention was not suppressed, abandoned or concealed can be seen from the following appendices:

6. That as shown in Appendix B, in the month of February 2000 I had a note to augment the concept of Appendix A.

7. That as can be seen in Appendix C, in the month of March 2000 a colleague was contacted as to the medical records concept of Appendix A.

8. That in the month of April 2000, as indicated in Appendix D, research was done with respect to embedded programming having to do with the subject system and especially portable computers.

9. That in the month of May 2000, as seen in Appendix E, the speed of getting the medical records to the scene was addressed and research was done thereon to ascertain the minimum amount of information that would need to be transmitted to the scene.

10. That in the month of June 2000, as illustrated in Appendix F, the system concept was evaluated to indicate that one did not need an office in every region, thus further developing the initial concept of Appendix A.

11. That as illustrated in Appendix G, in the month of July 2000 the advantage of the concept of being totally wireless was explored and research was done thereon, especially with injured parties at large distances from hospitals. Also satellite and biometrics were explored.

12. That as to the month of August 2000 as illustrated in Appendix H, the original concept of utilizing a bar code, both on the patient and in the hospital, was explored as an implementation of the concept of Appendix A, most importantly for eliminating the use of names and for preserving privacy.

13. That as to the month of September 2000, as illustrated in Appendix I, the difficulty of networking large amounts of information was addressed and research continued thereon, especially with respect to the requirement of transmitting a standard record, also indicating that EMTs could possibly use cell phones in this application.

14. That as to the month of October 2000 as illustrated in Appendix J, research into the feasibility of having a single report standard in terms of the communication for the concept of Appendix A was addressed.

15. That as to the month of November 2000 as can be seen in Appendix K, the thought of consulting a patent attorney to memorialize the invention is discussed.

16. That as to the month of December 2000 as illustrated in Appendix L, records were put together to present to the patent attorney to be able to file a patent application on the concept of Appendix A, also including the notion of utilizing scanning to scan the paper record into the system.

17. That as to January 2001 and as illustrated in Appendix M, there is an indication that the patent attorney is working on the medical records patent to be able to file a suitable patent application, also indicating speaking with medical personnel to ascertain the number of forms that exist in terms of record keeping.

18. That as to February 2001 and as illustrated in Appendix N, the patent application prepared by the patent attorney was reviewed and deemed appropriate, with my notes confirming the original idea of utilizing the medical records system over the Internet.

19. That on February 15, 2001 I filed the subject patent application.

20. That the above indicates the concept was available before the effective filing date of the Schoenberg reference, namely before February 22, 2000 and that I neither suppressed, concealed nor abandoned the application as indicated by monthly work on the subject project.

21. That the records of Appendices A through N come from a computer documentation of my work, kept as a regular record of the project.

22. That the same record indicates that I had the claimed concept before the filing date of the Zak et al. reference, namely before April 26, 2000, cited against the subject case, and that the concept of Appendix A was neither abandoned, suppressed or concealed as indicated by the above Appendices until the filing date of the subject case.

Further deponent sayeth not.

I further declare that all the statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

A. Christian Tahan

Date: August 18, 2006

[redacted] [redacted]

I graduated in May and am preparing to take the MCAT. My life is not what I expected.
I was hoing to already be accepted to medical school, but I am now preparing and I am not
pleased with how matters are going. I do not know why I sleep so much. I am far from preparing well
and I am becoming frightened. I have decided to take a bit of a record of my life as I am trying to stay focused.
College was difficult. I should not have tripled majored. I believe that I am burned-out and I
may just need a holiday. I continuously have ideas of things that I want to do or make.
For example, I remember when I was younger and would play tennis with Mom, sometime we would run-out of lights
and one time I gave the idea that the tennis balls could be fluroescent or glow in the dark, or the lines could be
painted florescent so that you could play without lights. I have always had interesting ideas.
I suppose I simply want to relax. I do not know really what I want to do but I think that medical school would
provide the best diversity of possibilities.
I am using this old computer that Dad purchased in the 1980's. I think that it is a 286, maybe
it is a 386. I am using the program edit as I have to reinstall Wordperfect. I hope everyone is doing okay at
the hospital where I used to volunteer. They were always kind to me. I have some interesing stories to tell about that place. I guess thinking of the
work the doctors and nurses were doing, I suppose a similar life dedicated to saving lives would be worthwhile
I remember the doctors having me speak to alcoholics and depressed people. The stories were usually pretty sad.
For example, I rememebr the guy that wanted to be unstrapped from the bed so that he could catch the bus home.
Or the recovering alcoholic that thought insects were crawling on him. Or the day that the person was brought to the
hospital and no one knew who he was or what was wrong with him. They did not have a medical record and the ambulance people
had no idea what was wrong with him. The staff eventually all disappeared in a room with him and I heard that
they had to perform an exploratory procedure that involved their looking trough his chest cavity. I was left in the emergency
room alone to answer phones and to tell people that were coming in to sit and someone would be with them shortly. I do not know
why the incident always sticks in my mind. I suppose a similar incident could happen to anyone.
What I always found amazing is how the emergency room physicians would not look at a patient until they had a medical record.
So, patients at times would be sick and waiting and not called to the emergency room until the record was available. I always thought
it was a ridiculous system. I remember when I was injured and went to the emergency room for stitches, we had to wait hours. Too bad
the medical records were not available faster. I remember how the physicians would have to call around for the records from hospital to hospital,
even across America if the patient were visiting Charleston, to find the record or have it hand delivered or faxed. I do not know why they could not have
the records on a computer or somesort of network that was connected to other computers or netwroks around the world so that no matter the location
the record could be seen by a person needing it. Even the ambulance people or emergency people at the scene like firemen or other EMTs could
look at a record to understand what was wrong with a person. They could use a portable or personal computer. Each emergency person at the scene could have a

personal computer that could scan an ID that the sufferer or injured party carried or wears. It could be like a barcode and the personal portable computer could san it, which
would allow for receipt of the medical record to the emergency scene to be seen on the portable computer. And the emergency personnel
could put in how the person is being treated to be saved imediately as part of the record so that whomever, as hospital people, could look
at the record that is an immediate account of the patient from their past medical history to their present treatment. So, if the emergency people
walkie-talkied in or if the hospital people walkie-talkied the ambulance, they could talk about the record and the
patient. And the record would be available as soon as the patient arrived so that no delays occured related to finding the record. The updating of the
record could happen from any location, even in the hospital, so that the records can be seen from the network on the perosnal computer and the records with the
new information can be saved to the network. So, the user of the network
essentially receives the old record and sends the new record to be saved on the global network for review from any location around the world. So, an American can be injured in Japan and the Japanese emergency person could know the identity of the American by scanning the barcode they are carrying, maybe on a bracelet, and have their medical record on their computer. The network perhaps could incorporate a translation
program to allow for the record to be seen in Japanese. The translation would be somewhere in the network to prevent delay in reviewing the record. The network could be world wide web based.
You could have the complete record on the network for a patient or a partial record, but the complete record that is usually
the large file can be on the network and could more easily be reviewed on the computer since you could more easier move through the pages. Of course the personal computer
being at the emergency scene would mean that it is cordless or receiving the information like walkie-talkies but on the computer screen.
I am tired. I would like to continue thinking of this idea, but I want to sleep to start studying early tomorrow.
I cannot spend too much time on this type of brainstorming activity though tonight I have enjoyed it and it has been a good break. Maybe I will do it every other week or at least maybe
every month. I will see how it goes.

February 08, 2000

The person with whom I am working is too concerned with creating a start-up type company and it is taking away from the alb work. So, this situation is like the last one in not moving forward. At least I have time to think about other things. I want to learn C++ but I do nto have the time since thguoth my project in the alb is not progressing, I am still studyign neuroscence daily. For the medical record idea, you coudl include only the basic information in text so that it woudl nto take forever for the person that needs it to receive it. You can then havea drawing of a person or body and may be Xs indicate problem area in the past or specific symbols at points on the line drawing or trace of the body so that the person needign the informatino can understand what is wrong with the person. Such an idea is simple and woudl allow for quick access to the most relevant informatino. The speech to text system is simpler. The only problem is the speech to text software. If the software were to improve or were for specific users that coudl train it or have preferences saved, it would be easier to implement on a large scale.

March 08, 2000

I am nto spending as much time in the lab since I do not have as much to do since the person I am working with
or supposed to be working with is busy with hsi separate project.
I want to write a speech to text system. I am probably when I have the time going to do it in C++ so that
I can learn the language mainly but since it seems to be the best language for it, though Java might work.
I spoke to a colleague by phone today about the medical record system adn he indicated that the main problem is not the technology
but that administrators and particularly physciains are rleuctant to adopt new systems. I told him that the idea cuodl eb great internatinally since it
does nto exist in Europe, prticularly the UK, and he said it is a great idea but difficult for beurocratic reasons and hospitals do nto have much money fo
new systems.

April 8, 2000

The people downstairs argue a good deal, but otherwise I like where I am living. I am reading about embedded programming since portable computers are limited in capbilities so that I will have to understand how to interconnect with them as best as possbiel thruogh the internet, especailly
for the medical records. The speech to text system is much easier, does not require as much memory on the device. I think both systems though are going to involve money and I may need to understand from where to obtain it since I am not paid well in my part-time job.

May 8, 2000

I cannot get out of my head how I had told the ehad of the lab that I was planning to leave in two weeks if the project did nto progress and about two or three weeks later I was told that my contract would not be renewed. I was the only one that cared or wanted the project to move forward. Since I am no longer in the lab I am spending more time learning how to write a speech to text program. I will start soon to write it in C++. If it is a good program, perhaps I can use it in the speech to text over the internet idea or develop it indepedndently. My main concern about th medical records is the speed in gettign them to the party at the scene. I am guessing that only the basic informatino will need to be sent since at the scene of an emergency I do nto know if the entire record will be used sinc no time will exist. But in the hospital, the entire record wuodl be helpful. So the system coudl start as an amergency scene sytem and we can develop it fro the hospitals or where more time is available.

June 08, 2000

I hav started to wrte a program in C++. I am basically copying how a group did it previously in that I am incorporating some of their script and reading abut hwo the script
interfaces with libraries and works with hardware. Hoepfully I can have my own program that I can try before the end of the summer.
I could try to use it or put it in a network of somesort to be used in the speech to text over the internet idea.
I was thinking that I do not need an office in every region for the medical records idea. I could simply use
other servers already in place by internet providers or simply work with hospitals or insurers to use their servers to house records since they coudl benefit most by the patient being helped faster.

July 08, 2000

The speech to text idea could work to translat music in that a song coudl play over the internet and be translated.
Really anything can be sent over in the system and be edited or translated. A foreign song could be translatde to a different language as
at teh opera or a rock concert. The speech to text program is tough to write. I am going to look for help to write it. I simply have too many
compiling errors that I cannto figure out. Some are simply typos, but others are related to the libraries. At least now I know
the difficulty in creating such a program.
The beuty of the medical record idea is that it could be wireless. So, it could be used from any location, even far away from the hospital and even in a rural
area if you incorporate a satelite network. Also, the bar code as an ID is a good idea, but biometrics as a fingerprint scanner or iris scanner coudl work for identifying the patient
and for security. Also, the system forwarding the sent informatino from the scene to the next location immediately
is a good idea so that the nexgt party can use it and communicate with the emergency person if needed. Also, I do not know what governement regulations are in place related to
patient privacy. I will have to look into it. Lastly, the patient coudl review their record at home over the internet possibly to decide what to restrict or to be certain that no mistake was made related to an event. Perhaps
information specific to the medical condition of the patients could be avaialbe. The website could have each patient have their own profile so that they could have information about their conditions presented to them so that they could learn about current research and general news.

August 06, 2000

I cannot sleep so I am coding and thinking of the ideas and others. I have made a colleague that is helping me with the compiling. He likes the technology idea for the courtrooms.

The barcode idea as an ID for the medical records concept is interesting since it coud also be used in the hospital instead of the persons name being one the wristband. Also,

more than one barcode can be used. For example, a barcode could show te parmaceuticals the person is on. It would be an immediate list to prevent possible error. The barcode could also show what tests need to be performed or have been performed and if th patient it due for a specific type of procedure. The barcodes could also

be used on the whieboard in the emergency room where the patient name is kept for privacy, it can be on the record itself instead fo the name because so many people go through the emergency room

that you do not know who will see the name to pick-up the record and look at the file. BUt if the barcode is on it, the medical team will only know the identity since they will have a personal unit with a scanner that will provide them the identity

of the patient.

September 6, 2000

I have been keeping trying to record thoughts of the ideas periodically at least every month but trying not to let it be too time consuming or a distraction. I will need to get a job soon since I would not mind taking my idea to a patent attorney to see what he thinks.

I am having a tough time with the coding idea. The guys I have that I thought could help me have been no help at all as I seem to be as good or better than them regarding coding in C++.

The speech to text systm seems liek the first idea I would take to an attorney since it seems easier to implmenet. The medical record idea is something that is too tough especially if you consider trying to have every person at list in a region have a standard record and to save it on a computer system that is netwrked. Also, the emergency personnel unlikely will adopt portable computers to be used. But they coudl use their cell phones. So, the cell phone can be an important device for the speech to text system and for the medical system especially if it has a bar code scanner. Inputing informatino with th letter/number buttons could also be done, especially if the keypad were made bigger.

October 6, 2000

I cannot work on th speech to text program any more and I think tha I have learned as much about C++ as I will learn. The speech to text program is terrible and I tried to get help from an expert at a corporation, but it did not work. The main issue is that a system that everyone can use is not ideal since the libraries and algorithms that are neeed are too complex considering the numerous accents.

What is best is a system for specific users. So, if you have the system on a network a person accessing his profile with a password woudl be best. His or her libraries and vocaulary lists would be saved. The idea is best for multiple users or simply for the consistent user as a sports broadcaster since he would not have to train the system each time.

The medical record system can be done, but it will take money and an enormous collaboration. Goups nationally or regionally woud have to agree on a standard record or file type.

I do not know if if I coudl ever get such a large group to agree on something that so many different groups liekly would feel or have a different opinion about.

November 4, 2000

I am working with a patent attorney on the voice to spech idea over the internet. I found him in the phone book since I thought his name seemed Dutch.
Not that I have a great liking particularly for the Dutch, but his name stood out.
He likes the idea of the speech to text system over the net. My main hope is that it coudl help the deaf.
A transaltion system for languages could help people better understand themselves with the use of a cell phone or somesort of other portable, hand held device.
I have not told him the mdeical records idea in detail since I am afraid he is going to try to take advantage of me. BUt he is offering me a two patent deal.
So, I might bring-in the idea. I do nto know if h will like it, but we cuodl work on it. He may think the idea of everyone haveing a record
on the internet or in a server system or network may be too difficult to implement.
I think it is a great idea especailly for emergency medical teams tha cuodl use the medical record as soon as possible.

December 03, 2000

This year has been very difficult. I do not know if I want to stay in MA. I filed the speech to text system last month. I think it is a brialliant idea. I am going to try to speak to some peopel about it since I need to know if I can put it in a courtroom. I think the main issue woudl be for the courts to adopt new technology, not necessarily if it is a good idea. I do ot understand why beurocracy stops innovation so much. But if I put it in a court, it cuodl be a competitor for court stenographers or Court TV or it coudl help cuort stenographers, Court TV and reporters.

I am puttin together my medical record idea to take to the patent attorney. I am guessing the best way to put-in paper records that exist now is to scan them. I should discuss it with him since he may have an idea on the subject. But I do not se another way of donig it.

January 14, 2001

This compuer takes up to much space in my room. My room is filled with dust and I need to jsut fix it. I have been writin a novel that I may soon finish.

I am going to looking into database programming as ASP or SQL to see if I can save voice to text standard libraries in various locations. I am trying to understand where best to stroe the translatino software in the system or how best to edit the text in the network to be received in good form by the person wanting the translation to text. It would be terrible especially for a sportin event for the words to be poorly translated. A goal ould be sent when actually a foul was commited.

The attorney shuold is workign on a medical record patent. It is part of a two patent deal we have. I have been taking to medical personnel generally adn they told me that so many forms exist for every single aspect of the medical treatment and visit and for each patient and each process that a complete system wuold be tough to compelte.

So, I am guessing having at least the most vital informatino for emergency people would be best with at least past hisory lsitins and shor list or problems as allergies, past problems, being allergic to something, and medicatino being taken.

February 14, 2001

I have an appointment with the attorney tomorrow to sign the application. I am worried that I am having to pay so much. I am happy with what is written in the application. The use of the medical record system over the internet is a good idea. I do nto know if I can get everyone to agree on specific standards, btu I could try. I do not know if physicians will have the same wants as police men or EMTs. Making the system specific in some manner for each group seems important. Each groups needs would have to be addressed.

I am having truble implmenting the speech to text system in any regard. I cannto find a good program for voice to text. IBM has several programs, but they are not great. If cell phone technology were to improve with the cell phone becoming more like a little computer, then I think the medical record idea adn the speech to text idea could be more acceptable by many groups and used. But portable computers are not so great and wireless communications are not ideal. I am concerned about privacy of sening the medical records wirlessly. I think speech sendnig wirelessly is not as much of a big deal in terms of privacy.